VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

July 1, 2019

Ms. Catherine Rooney, Manager
Harvey House Ltd
1860 Main Street
Castleton, VT 05735-7709

Dear Ms. Rooney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 22, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0380	A. BUILDING: _____ B. WING _____	C 04/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARVEY HOUSE LTD	1860 MAIN STREET CASTLETON, VT 05735

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R100	Initial Comments: An unannounced on-site investigation of two (2) complaints was conducted by the Division of Licensing and Protection on 4/22/19. There were regulatory findings identified as a result of these investigations. Findings include:	R100		
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and record review, the facility failed to ensure that the Registered Nurse (RN) completed an admission assessment for one (1) of three (3) residents in the sample, (Resident # 1). Findings include: Per record review, Resident #1 was admitted on 3/5/19 and discharged to the hospital on 3/25/19, 20 days later. S/he was readmitted to the facility on 4/9/19. The resident assessment instrument in the medical record was incomplete and was not signed or dated by the RN. There is no evidence in the record that Resident #1 was assessed by the RN regarding medication management. Per interview with the facility Manager on 4/22/19 at 12:15 PM, s/he confirmed that the assessment	R134	R134 Assessment for medication management has been completed 5/17/19 I will check that this is done within the 24 hours of admission	

R134-R246 POC's accepted 6/28/19 SFreemanRN/PMC

revised copy 6/25/19

Attn: Susan Freeman

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R134	Continued From page 1 instrument was incomplete, and that there was no evidence that the parts of the assessment that were completed had been completed by the RN. S/he also confirmed that Resident #1 had not been assessed by the RN regarding the ability of medication management per the regulation. Per interview with Resident #1 on 4/22/19 at 2:15 PM, s/he confirmed that the RN did not assess his/her ability regarding medication management.	R134		
R135 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that an assessment was completed within 14 days of admission for one (1) of three (3) residents who require nursing overview in the sample, (Resident # 1). Findings include: Per record review, Resident #1 was admitted on 3/5/19 and discharged to the hospital on 3/25/19, 20 days later. S/he was readmitted on 4/9/19. Resident # 1 receives nursing overview through medication management. The resident assessment instrument in the medical record was	R135	R135 resident assessment has been completed STAFF I will check that this has been done before 14 days of new admission	

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R135	Continued From page 2 incomplete and was not signed or dated by the RN. There is no evidence in the record that Resident #1 was assessed by a licensed nurse within 14 days of admission. Per interview with the facility Manager on 4/22/19 at 12:15 PM, s/he confirmed that the resident did require nursing overview and that the assessment instrument was incomplete. The manager also confirmed that there was no evidence that the completed parts of the assessment had been completed by the licensed nurse.	R135		
R163 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (1) A registered nurse must conduct an assessment consistent with the physician's diagnosis and orders of the resident's care needs as required in section 5.7.c This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that a registered nurse (RN) conducted an assessment consistent with the physician's diagnosis and orders of the resident's care needs for one (1) of three (3) residents in the sample, (Resident # 1). Findings include: Per record review, Resident #1's medications are administered by unlicensed staff. The resident	R163	R163 Assessment Care plan is done 5/7/19 I will check that this is completed before 14 days with new admissions	

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R163	Continued From page 3 assessment instrument in the medical record was incomplete and was not signed or dated by the RN. There is no evidence in the record that the RN conducted an assessment consistent with the physician's diagnosis and orders of the resident's care needs. Per interview with the facility Manager on 4/22/19 at 12:15 PM, s/he confirmed that Resident #1's medications are administered by unlicensed staff. The Manager also confirmed that there was no evidence that the RN conducted an assessment consistent with the physician's diagnosis and orders of the resident's care needs.	R163		
R165 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d. If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff	R165	R165 Assessment of medication delegation completed 5/7/19	

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R165	Continued From page 4 performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that the Registered Nurse, (RN) provided appropriate oversite of unlicensed staff who administer medications to one (1) of three (3) residents in the sample, (Resident # 1). Findings include: Per record review, Resident #1 is medication managed by the facility and receives medications from unlicensed staff. There is no evidence in the record that an RN has provided teaching to the medication delegated staff regarding Resident #1's condition, medications, and potential side effects. There is also no evidence in the record that the RN assessed Resident #1's condition or reviewed the medication regime. The resident assessment instrument in the medical record was incomplete and was not signed or dated by the RN. There is no evidence in the record that Resident #1 was assessed by the RN regarding medication management. Per interview with the facility Manager on 4/22/19 at 12:15 PM, s/he confirmed that unlicensed staff administer Resident #1's medications. The manager also confirmed that Resident #1's medication orders had not been reviewed by the RN, and that the RN had not provided oversite of Resident #1's medications.	R165		
R189 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3)	R189		

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R189	Continued From page 5 For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that a resident plan of care was completed for one (1) of three (3) residents in the sample, (Resident # 1). Findings include: Per record review, Resident #1 was admitted on 3/5/19 and discharged to the hospital on 3/25/19, 20 days later. S/he was readmitted on 4/9/19. There is no evidence in the record that a resident plan of care was ever developed for Resident #1. Per interview with the facility Manager on 4/22/19 at 12:15 PM, s/he confirmed that the resident plan of care had not been developed and that there was no evidence of a resident plan of care in Resident #1's record.	R189	R189 Careplan has been completed 5/7/19 I will check to be sure that when resident leaves & is readmitted that nurse checks	
R213 SS=F	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.	R213		

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R213	Continued From page 6	R213		

This REQUIREMENT is not met as evidenced by:
Based on observations and resident and staff interview the facility failed to ensure that resident's rights were honored regarding dignity and individuality.

Per interview with Resident #1 at on 4/22/19 at 2:15 PM, s/he stated that residents cannot even have water in their rooms. The Manager does not allow this because it can stain the carpet. Staff tell the residents when to go to bed and that residents must go to bed even if they don't want to.

Per interview with the Medication Delegate, on 4/22/19 at 3:45 PM, s/he confirmed that the residents are not allowed to have food or drink (including water), in their rooms. S/he stated that the Manager is very strict about what residents can and can't do. The resident's are not allowed to have food or drinks past 8:00 PM in common areas. S/he stated that smoking times end at 7:00 PM although the admission agreement states that there is no smoking allowed between 8:30 AM - 8:00 PM.

Per interview with the Manager on 4/22/19 at 12:00 PM, s/he stated that "a lot of referrals come from the crisis stepdown, where they can do what they want. When they come here and are told, no you can't eat whenever you want to, or no, you can't stay up until midnight drinking coffee, they don't like it". S/he also stated, "you have to kind of treat them like kids". During a second interview with the Manager on 4/22/19 at 4:30 PM, she confirmed that residents cannot have food or drinks in their rooms, and that they are expected

R213
Residents do have access to drink after 8pm at the kitchen counter & can take to dining room table if they wish
Residents do retire to their rooms around 8pm by their choice to listen to radio - read - watch TV till they fall asleep

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R213	Continued From page 7	R213		

to be in their rooms after 8:00 PM. S/he stated that the residents are aware of the rules prior to admission.

R266 SS=F IX. PHYSICAL PLANT — R266

9.1 Environment

9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.

This REQUIREMENT is not met as evidenced by:
Based on observations and staff interviews, the facility failed to maintain a sanitary, homelike environment.
Findings include:

1. Per observations of resident bedrooms on 4/22/19 between 11:30 AM and 4:50 PM, all bedrooms observed to have a thick layer of dust on dressers and night stands. The window shades were layered with dust. The ceiling fans were also caked with thick dust.

Per interview with a Medication Delegate on 4/22/19 at approximately 3:15 PM during a walkthrough of the facility, s/he confirmed the above issues. The Medication Delegate stated that there is a cleaning schedule, but when things get busy sometimes and they can't get to it.

2. During the walkthrough with the Medication Delegate, it was noted that there were cobwebs in the doorways of the kitchen and television room. The ceiling fan in the kitchen had a thick greasy

266
On April 26 2019 A new modified cleaning schedule has been put in place with weekly checks to make sure all tasks have been done to keep housekeeping in order

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R266	Continued From page 8 layer of dust on the fins. Thick heavy smoke began to come from the oven, the Medication Delegate turned on the ceiling fan, removed the chicken from the oven, and placed it on top of the oven under the fan, and opened the windows in the kitchen. S/he then placed the chicken back in the oven. Per interview with the Medication Delegate at that time, s/he confirmed that having food out under a dirty running fan was a food contamination issue.	R266		